

## Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Business Errors & Omissions SERFF Tr Num: FEMC-125238250 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-025526

Made/Occurrence

Sub-TOI: 17.0022 Other

Filing Type: Form

Co Tr Num: F-BE&O-07-4

Co Status:

State Status:

Reviewer(s): Betty Montesi, Edith  
Roberts, Brittany Yielding

Author: Joni Borchert

Date Submitted: 07-19-2007

Disposition Date: 07-24-2007

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

## General Information

Project Name: Exclusion - Designated Products ends 7246

Project Number: F-BE&O-07-4

Status of Filing in Domicile: Authorized

Domicile Status Comments: MN is no file for  
commercial lines.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-24-2007

State Status Changed: 07-20-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish to implement this filing for all policies written on or after 9-1-2007, or within 90 days of your approval.

## Company and Contact

### Filing Contact Information

Joni Borchert, Property and Casualty Product jbborchert@fedins.com

Specialist

121 East Park Square

(800) 533-0472 [Phone]

Owatonna, MN 55060

(507) 444-6691[FAX]

### Filing Company Information

Federated Mutual Insurance Company

CoCode: 13935

State of Domicile: Minnesota

121 East Park Square

Group Code: 7

Company Type:

PO Box 328

Owatonna, MN 55060

Group Name:

State ID Number:

(800) 533-0472 ext. [Phone]

FEIN Number: 41-0417460

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Created by SERFF on 07-24-2007 03:03 PM

Federated Service Insurance Company  
121 East Park Square  
PO Box 328  
Owatonna, MN 55060  
(800) 533-0472 ext. [Phone]

CoCode: 28304

Group Code: 7

Group Name:

FEIN Number: 41-0984698

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State of Domicile: Minnesota

Company Type:

State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	07-19-2007	14674486
Federated Service Insurance Company	\$0.00	07-19-2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07-24-2007	07-24-2007

## **Disposition**

Disposition Date: 07-24-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Form Filing Schedule	Approved	Yes
Form	Exclusion - Designated Products	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Form Filing Schedule	PC FFS-1		Other	New		0.00	pc-ffs1.pdf
Approved	Exclusion - Designated Products	7246	(05-07)	Endorsement/Amendment/Conditions	New		0.00	7246 (05-07).pdf

Effective March 1, 2007

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	F-BE&O-07-4			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	NA			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Exclusion – Designated Products	7246 (05-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



**FEDERATED INSURANCE COMPANIES**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION - DESIGNATED PRODUCTS**

This endorsement modifies insurance provided under the following:

**BUSINESS ERRORS AND OMISSIONS POLICY**

The following exclusion is added to Paragraph **C. Exclusions** of **PART I INSURING AGREEMENTS**:

**C. Exclusions**

We will not pay for any claim resulting from:

Any damages for faulty workmanship, material or design, or products, including consequential loss resulting there from, or any "product recall expense", caused in whole or in part by the designated product(s) shown in the Schedule.

**SCHEDULE**

**Designated Product(s):**

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

		<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	Approved	07-24-2007
<b>Comments:</b>			
<b>Attachment:</b>			
pc td-1.pdf			
		<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Cover Letter	Approved	07-24-2007
<b>Comments:</b>			
<b>Attachment:</b>			
Cover Letter.pdf			

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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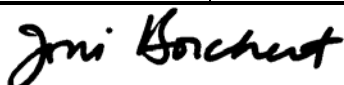
<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	Federated Insurance Companies	007

<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
	Federated Mutual Insurance Company	MN	007-13935	41-0417460
	Federated Service Insurance Company	MN	007-28304	41-0984698

<b>5.</b>	<b>Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Joni Borchert	Property & Casualty Product Specialist	800-533-0472 Ext 5342	507-444-6691	jbborchert@fedins.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Joni Borchert

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	Type of Insurance (TOI)	Business Errors & Omissions
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing title)	
<b>13.</b>	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	Effective Date(s) Requested	New: 9-1-07      Renewal: 9-1-07

**Property & Casualty Transmittal Document---**

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	7-19-2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> MN is no file for commercial lines

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	F-BE&O-07-4
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing new endorsement 7246, Exclusion - Designated Products. This endorsement will be used in cases where we have excluded designated products on the Commercial General Liability coverage part using ISO endorsement CG 21 33, Exclusion - Designated Products. If we are not providing products liability coverage under the General Liability for certain designated products, it is not our intent to provide coverage for errors and omissions from those same designated products under our Business Errors and Omissions policy.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #:</b>  <b>Amount: 50.00</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



Arkansas

July 19, 2007

**FEDERATED MUTUAL INSURANCE COMPANY NAIC: 007-13935**  
**FEDERATED SERVICE INSURANCE COMPANY NAIC: 007-28304**

Business Errors and Omissions

- New Federated Endorsement 7246 (05-07) Exclusion – Designated Products

Federated File Number: F-BE&O-07-4

We are filing new endorsement 7246, Exclusion - Designated Products. This endorsement will be used in cases where we have excluded designated products on the Commercial General Liability coverage part using ISO endorsement CG 21 33, Exclusion - Designated Products. If we are not providing products liability coverage under the General Liability for certain designated products, it is not our intent to provide coverage for errors and omissions from those same designated products under our Business Errors and Omissions policy.

We wish to implement this filing for all policies written on or after 9-1-2007, or within 90 days of your approval.

We trust this filing meets your requirements, and we appreciate your consideration of our filing.

Thank you.